

Attorney Docket No.: LED001 CON Client/Matter No.: 68030.0002.002 Express Mail No. EV322530175US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In re Application of:	)		
Steven Lederman	) Group Art Unit: 1761		
Serial No. 10/067,515	) Examiner: Helen Pratt		
Filed: February 4, 2002	) )		
For: HIGHLY SOLUBLE NUTRITIONAL COMPOSITIONS CONTAINING CALCIUM	) ) )		
CERTIFICATE OF MAILING	G BY EXPRESS MAIL		
Mail Stop Appeal Brief - Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
<ol> <li>Brief for Appellant (original a Claims on Appeal;</li> <li>Transmittal of Appellant's Brief.</li> <li>Petition for Three Month Times.</li> <li>Fee Transmittal;</li> <li>Check in the amount of \$640.0</li> <li>Certificate of Mailing by Expr.</li> <li>Return Receipt Postcard</li> </ol>	ef Under 37 CFR 1.192; e Extension;		
- Patents, Commissioner for Patents, P.O. Bo			
May 5, 2004	Mailer Mailer		
Man 5 agail	faction Bruss		

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Complete if Known FEE TRANSMITTAL 10/067,515 **Application Number** for FY 2004 Filing Date February 4, 2002 Effective 10/01/2003. Patent fees are subject to annual revision First Named Inventor Steven Lederman Helen Pratt **Examiner Name** Group / Art Unit Applicant claims small entity status. See 37 CFR 1.27 1761 Attorney Docket No. TOTAL AMOUNT OF PAYMENT (\$)640 LED0001 CON

FEE CALCULATION (continued)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ credit card ☐ money order ☐ other ☐ none

	credit card  money order other none	3. ADDITIONAL FEES				
Deposit Account Number	50-1123	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	
]		130	65	Surcharge - late filing fee or oath		
Deposit Account	Hogan & Hartson L.L.P.	50	25	Surcharge – late provisional filing fee or cover sheet		
Name		130	130	Non-English specification		
	s authorized to: (check all that apply)	2,520	2,520	For filing a request for ex parte		
	e(s) indicated below 🛛 Credit any overpayments  ny additional fee(s) or any underpayment of fee(s)	920*	920*	reexamination Requesting publication of SIR prior to		
Charge fe	e(s) indicated below, except for the filing fee to the above-			Examiner action		
<ul> <li>identified</li> </ul>	deposit account	1,840*	1,840*	Requesting publication of SRI after Examiner action		
		110	55	Extension for reply within first month		
-	FEE CALCULATION	420	210	Extension for reply within second month		
1. BASIC F	ILING FEE	950	475	Extension for reply within third month	475	
Large	Small Fee Description	1,480	740	Extension for reply within fourth month		
Entity Fee (\$)	Entity Fee Fee Paid (\$)					
770	385 Utility Filing Fee	2,010	1,005	Extension for reply within fifth month		
340	170 Design filing fee	330	165	Notice of Appeal	· ·	
530	265 Plant filing fee	330	165	Filing a brief in support of an appeal	165	
770	385 Reissue filing fee	290	145	Request for oral hearing		
160	80 Provisional filing fee	1,510	1,510	Petition to institute a public use		
1				proceeding		
	SUBTOTAL (1) (\$)	110 1,330	55 665	Petition to revive – unavoidable Petition to revive – unintentional	<b></b>	
2 EVIDA 0		1,330	664	Utility issue fee (or reissue)		
Z. EXTRA C	CLAIM FEES FOR UTILITY AND REISSUE  Fee from Fee Paid	480	240	Design issue fee		
Total Claims	Extra Claims below -20**= X =					
Independent		640	320	Plant issue fee		
Claims	-3**= X =	130	130	Petitions to the Commissioner		
Multiple Depe	ndent 0 =	50	50	Processing fee under 37 CFR 1.17(q)		
	viously paid, if greater; For Reissues, see below	180	180	Submission of Info Disclosure Stmt		
Large Entity Fee (\$)	Small Entity Fee Description Fee (\$)	40	40	Recording each patent assignment per property (times number of properties)		
18	9 Claims in excess of 20	770	385	Filing a submission after final rejection (37		
. 86	43 Independent claims in excess of 3	770	385	CFR § 1.129(a)) For each additional invention to be		
200				examined (37 CFR §1.129(b))		
290 86	145 Multiple dependent claim, if not paid 43 **Reissue independent claims over	770 900	385 900	Request for Continued Examination Request for expedited examination of a		
00	original patent	300	900	design application		
18	9 **Reissue claims in excess of 20 and over original patent	Other fee	(specify)	***************************************		
	SUBTOTAL (2) (\$)	*Peduced	by Basis Eli	ing Fee Paid SUBTOTAL (3)	(\$)640	
	(4)	Neduced	by basic Fi		(4)040	
SUBMITTED BY Complete (if applicable)						
Name (Print/T	ype) Sarah J. Smith		stration No. rney/Agent)	41,226 Telephone (72	0) 406-5385	
Signature	Mac al falling	1,	, <u>y</u> ,	Date	11-1-20	
1/1/09 5, 2004						
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